## STATE OF CALIFORNIA - STATE CONTROLLER'S OFFICE DELIMIT POSITION REQUEST MCP 012 (NEW 6/2012)



## ATTN: MyCalPAYS OPERATIONS

SCO Personnel-Payroll Services Division Form Contact Info: Tel (916) 372-7200 Email: mcpccc@sco.ca.gov

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## **DELIMIT POSITION REQUEST**

This form is used to indicate when a position has expired or is no longer valid. Positions may be delimited due to departmental reorganization, program authority, sun-setting, or initiated/triggered by

Department of Finance (DOF), Budget Change Proposal (BCP), Spring Finance Letter, or Legislature Directive (unforeseen event). Prior to delimiting positions, the appropriate approvals/authorizations must be granted and transfer or separation of employees occupying the position(s) must be processed. NOTE: This is a manual process outside of the GC12439 Delimit Position process. Please check the appropriate box. ☐ Reorganization ☐ Program Authority Sun-setting ☐ Budget Change Proposal □ Spring Finance Letter Legislature Directive ☐ Department of Finance Other Delimit Effective Date (MM/DD/YYYY) (8) Position ID (8) Comment **Authorized Signature** Certification for the Appointing Power-The foregoing additions to, deletions from, or changes in the original payroll roster of the herein named state agency are true, correct, and in accordance with law. As modified to date by payroll roster charges filed with the State Controller, to and including the within, said original payroll roster is true, correct, and in accordance with law. All persons added to the payroll roster, or whose status is modified by this payroll roster change were employed in approved, established positions and have, if required by law, taken the oaths, including the oath set forth in Section 3103, Government Code. Authorized Name (Print) Title Authorized Name Signature Date Telephone Form Submitted By Contact Name (Print) Date Telephone Email Fax